1       Contributions, gifts, grants, and similar amounts received       1       64,25         2       Program service revenue including government fees and contracts       2         3       Membership dues and assessments       3         4       Investment income       4         5a       Gross amount from sale of assets other than inventory       5a         b       Less: cost or other basis and sales expenses       5b         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Garming and fundraising events:       a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b       7c         8       Other revenue (describe in Schedule O)       7c       8	¢	00	0 57	Short Form			OMB	No. 1545-0047
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)       Den to Public Inspection         Pagartment of the Treasury Internal Revenue Section 1000000000000000000000000000000000000	For	n <b>9</b> 9	JU-E2	Return of Organization Exempt From	Income 1	Гах	5	021
Department of the Treatury Internal Revenue Service       L Do not enter social security numbers on this form, as it may be made public. B Co to wrww.frs.gov/Form590E2 for instructions and the latest information.       Open to Public Inspection         A For the 2201 calendar year, or tax year beginning       , 2021, and ending       , 20         B Cruck if applicable:       C Name of organization       D employer identification number       84-5112719         Name change       Number and street (Pr.O. Dox if mails not delivered to street address)       Room/suite       E Telephone number         International international difference       14.3 Middle Island Blvd       631553.9774       631553.9774         Changed attree       International difference       B Convisuite       F Group Exemption       Number +         C Accounting Method:       Ital and, NY 11953       Number +       H Check + If the organization is required to attach Schedule B (Form 900).       (Form 900).         K Form of organization:       Ital Corporation       Trust       Association       Other         L Add lines 50, 6and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part Number)       \$ 64, 25         Part II. column (B) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       \$ 64, 25         Part II.       Check if the organization used Schedule 0 to respond to any question in this Part I       1       64, 25								
Dependence of the Treatury       Los for our weaking out for mass plants of the latest information.       Inspection         A For the 2021 calendar year, or tax year beginning       , 202, 2021, and ending       , 202, 2021, and ending       , 202         B Cockit rapplication:       C Name of organization       D Employer identification number       94-5112719         D Address drame       PawSitive Possibilities Rescue Inc       D Employer identification number       94-5112719         Number and steet (or PO. box if mail is not delivered to street address)       Poom/suite       E Telephone number         14.3 Middle Island, NY 11953       Number >       E Gaccounting Method:       X Cash       Acates drama         Modestor parking       Www.jtx.gov/form3002.5 (insert.no)       14947(a)(1) or [527]       H Check > X if the organization is required to attach Schedule B (Form 990).         K Form of organization:       X Corporation       Trust       Association       Other         Add inse stop, Ca, and 7b to line 9 to idetermine gross receipts. If gross receipts are \$200,000 or more, or if total assets       (Part I).       S 64, 25         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I).       S 64, 25         Check if the organization used Schedule 0 to respond to any question in this Part I       S 64, 25         I       Contributions, gifts, grants, and similar amoun								n to Public
AFor the 2021 calendar year, or tax year beginning       ,2021, and ending       ,202         B Crocki rapplication       Pawsitive Possibilities Rescue Inc       D Employer identification number         Address change       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Internationation       143 Middle Island Blvd       F Group Exemption       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         G Accounting Method:       Islam A change State or province, country, and ZIP or foreign postal code       F Group Exemption         Number N       Middle Island, NY 11953       Number N         G Accounting Method:       Islam A carual       Other (specify)       H Check N if the organization is required to attach Schedule B (Form 90).         K Form of organization:       Islam A carual       Other (specify) A (insert no.)   4947(a)(1) or   527       H Check N islam A (Stach Checkule B (Form 90).         K Form of organization:       Islam A carual of Brom 900 poeSZ.       Islam A (Stach Checkule B (Form 90).       S 64, 25         Part1       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I).       Check if the organization used Schedule O to respond to any question in this Part I       Islam A (Stach Checkule A (Stach Checkule A (Stach Checkule A (Stach Check A (Stach Check A (Stach Check A (Stach Check A (Stach C	Dep	artment c	of the Treasury	-	CARES IN MILLION NO. 10			
B       Creck.if applicable:       Overweight of organization       Pawsitive Possibilities Rescue Inc       Bemployer identification number         Name change       Number and street of PO. Dox if mails is not delivered to street address)       Room/suite       E Telephone number         Initial return       143 Middle Island Blvd       Boom/suite       E Telephone number         City or town, state or province, country, and 2P or foreign postal code       F Group Exemption       Number →         Application particip       XE Cash _ Accrual Other (specify) →								20
Address change       Pawsitive Possibilities Rescue Inc       84-5112719         Number and street (or P.0. box) fmails not delivered to street address)       Room/suite       E Telephone number         143 Middle Island Blvd       6315539774       6315539774         Carl and terminer       Number and street (or P.0. box) fmails not delivered to street address)       F Group Exemption         Application preding       Middle Island, NY 11953       F Group Exemption         Application preding       Widdle Island, NY 11953       H Check ► ⊠ if the organization is required to attach Schedule B (Form 990).         K Form of organization:       ⊠ Cash □ Accruate Schedule B (Form 990).       Form of organization:       © Corporation □ Trust □ Association □ Other         L Add lines Sb, 6c, and 7 b to line 9 to determine gross receipts at \$200,000 or more, or if total assets       Form of organization:       § 64, 25         Part IL column (B) are \$500,000 or more, file Form 990 instead of Form 990-EZ       ▶ \$ 64, 25       § 64, 25         Part IR Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)					1, and ending	DEmolou	an identificat	
Image change       Number and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         143       Middle Island Blvd       6315539774         City or town, state or province. county, and ZIP or foreign postal code       F Group Exemption         Number ad street (or P.O. box if mail is not delivered to street address)       F Group Exemption         Application gending       Middle Island, NY 11953       H Check ► Mill the organization is required to attach Schedule B if the organization is required to attach Schedule B if the organization is required to attach Schedule B if the organization:         I accessengt status (check only one) – Mill Solic(3)       501(c)(3)       501(c)(4)       Insert on.)       4947(a)(1) or       527         (Form of organization:       Si Corporation       Trust       Association       Other       564,25         Part.I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       64,25         Chroit butions, gifts, grants, and similar amounts received       1       64,25         2       Program service revenue including government fees and contracts       2         3       Amentership dues and assets other than inventory       5a         4       Investment income       5b         5       Grass income from gaming (attach Schedule G if greater than site, 60)       5c <td></td> <td></td> <td>13</td> <td>ne na vyz zako pod katelicke – elektrone v se se</td> <td></td> <td></td> <td></td> <td>ion number</td>			13	ne na vyz zako pod katelicke – elektrone v se				ion number
Initial return       143 Middle Island Blvd       6315539774         Production perding       Middle Island, NY 11953       F Group Exemption         Number IN       Middle Island, NY 11953       Number N         G Accounting Method:       Scah       Accnual Other (specify) N       H Check N if the organization is required to attach Schedule B (Form 990).         I Revenue Status (check only one) - ⊠ 501(c)(3) _ 501(c) ( ) ≤ (insert no.) _ 4947(a)(1) or _ 527       H Check N if the organization is required to attach Schedule B (Form 990).         K Form of organization:       ⊠ Corporation _ Trust _ Association _ Other       Add lines 50, 6c, and 7 b line 9 to determine gross receipts are \$200,000 or more, or if total assets         (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990.       S 64, 25         Part II       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       1         1       Contributions, gifts, grants, and similar amounts received       1       64, 25         2       Program service revenue including government fees and contracts       2       2         3       Membership dues and asales expenses       5b       5c         6       Garing and fundraising events:       a cost or other basis and sales expenses       5b       5c <t< td=""><td></td><td></td><td></td><td></td><td>Boom/suite</td><td></td><td></td><td></td></t<>					Boom/suite			
Image: Provide the standard stand standard standard standard standard standard standard standard			1. 655		liteonivouno			
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G Accounting Method:       ⊠ Cash       Accrual Other (specify)       Image: Control of the specify image: Control of the specific image: Control o	_							
I       Website:       www.pawsitiverescue.org       required to attach Schedule B         J Tax-exempt status (check only one) - X 501(c)(3) = 501(c)(1)        (insert no.) = 4947(a)(1) or = 527       Form 990).         K       Form of organization:       X Corporation = Trust       Association = 0 ther       Evenue, Expenses, and Changes in Net Assects or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I	and the second second							
J Tax-exempt status (check only one) - ★ 501(c)(3) = 51(c) () ◄ (insert no.) = 4947(a)(1) or = 527       (Form 990).         K Form of organization: ★ Corporation = Trust = Association = Other       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets         Part II       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       44,25         Part II       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       44,25         Part II       Revenue, Expenses, and Schedule O to respond to any question in this Part I       64,25         Part I       Revenue, Expenses, and Schedule O to respond to any question in this Part I       64,25         Program service revenue including government fees and contracts       2       3         Membership dues and assessments       4       5a         Gross amount from sale of assets other than inventory (subtract line 5b from line 5a)       5c         a Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       6a         a Gross income from gaming and fundraising events       6c       6c         a Gross income from gaming and fundraising events       6c       6c								
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L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Contributions gifts, grants, and similar amounts received Contracts Contributions gifts, grants, and similar amounts received Contracts Contributions gifts, grants, and similar amounts received Contracts C			and an an a state of the data state of the s			(FOITI 990		
(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ <ul> <li>\$ 64,25</li> </ul> Part II          Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <ul> <li>Contributions, gifts, grants, and similar amounts received</li> <li>I</li> <li>Gontributions, gifts, grants, and similar amounts received</li> <li>I</li> <li>Contributions, gifts, grants, and similar amounts received</li> <li>I</li> <li>Gontributions, gifts, grants, and sales expenses</li> <li>I</li> <li>Investment income</li> <li>Grass amount from sale of assets other than inventory</li> <li>Sa</li> <li>Grass income from gaming (attach Schedule G if greater than \$15,000)</li> <li>Ga ariong and fundraising events (not including \$</li></ul>						acasta		
Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       1       64,25         1       Contributions, gifts, grants, and similar amounts received       1       64,25         2       Program service revenue including government fees and contracts       2       3         3       4       Investment income       3       4         4       Investment income       4       5a         5a       Gross amount from sale of assets other than inventory       5a       5b         5b       c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Garning and fundraising events:       a       Gross income from gaming (attach Schedule G if greater than \$15,000)       5c         a       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c       Less: cost of goods sold       6c       6d         7a       Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sol inventory, less returns and allowances								64 050
Check if the organization used Schedule O to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received         2       Program service revenue including government fees and contracts       1       64,25         3       Membership dues and assessments       3       4         4       Investment income       3       4         5a       Gross amount from sale of assets other than inventory       5a       5b         5a       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gaming and fundraising events:       a       Gross income from gaming (attach Schedule G if greater than \$15,000)       5c         6       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       6c         7       Less: cost of goods sold       6d       7a       7a       7a         7       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       8         8       Other revenue (describe in Schedule O)       5b       7a       7b       7c	100							
1       Contributions, gifts, grants, and similar amounts received       1       64, 25         2       Program service revenue including government fees and contracts       2         3       Membership dues and assessments       3         4       Investment income       4         5a       Gross amount from sale of assets other than inventory       5a         b       Less: cost or other basis and sales expenses       5b         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Garning and fundraising events:       a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c       Less: cirect expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       7b         b       Less: cost of goods sold       7b       7c         8       Other revenue (describe in Schedule O)       0.       8	P	arti						
2       Program service revenue including government fees and contracts       2         3       Membership dues and assessments       3         4       Investment income       4         5a       Gross amount from sale of assets other than inventory       5a         5a       Gross amount from sale of assets other than inventory       5a         5b       5b       5c         6       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gaming and fundraising events:       6a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         6c       Met income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       7b         b       Less: cost of goods sold       7b       7c         8       Other revenue (describe in Schedule O)       8	8- <del>1-1-1-1-1-1</del> -1							
3       Membership dues and assessments       3         4       Investment income       4         5a       Gross amount from sale of assets other than inventory       5a         b       Less: cost or other basis and sales expenses       5b         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gaming and fundraising events:       a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b       7c         8       Other revenue (describe in Schedule O)       8								64,253.
4       Investment income       4         5a       Gross amount from sale of assets other than inventory       5a         b       Less: cost or other basis and sales expenses       5b         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Garning and fundraising events:       a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8		1 1 2 2 1	S Street and the second second					
5a       Gross amount from sale of assets other than inventory       5a         b       Less: cost or other basis and sales expenses       5b         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gaming and fundraising events:       a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule Q)       8		- Si		•				
b       Less: cost or other basis and sales expenses						· · -	4	
c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6       Gaming and fundraising events:       a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8								
6       Gaming and fundraising events:         a       Gross income from gaming (attach Schedule G if greater than \$15,000)         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8					-			
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<ul> <li>\$15,000)</li></ul>			•					
sum of such gross income and contributions exceeds \$15,000)       6b       6c         c       Less: direct expenses from gaming and fundraising events	e	a			- 1			
sum of such gross income and contributions exceeds \$15,000)       6b       6c         c       Less: direct expenses from gaming and fundraising events	anu	h			and an and a second			
sum of such gross income and contributions exceeds \$15,000)       6b       6c         c       Less: direct expenses from gaming and fundraising events	eve				_ of contributio	ns		
c       Less: direct expenses from gaming and fundraising events       6c       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8	E				- 1	12		
d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8								
line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8					-	atract		
7a       Gross sales of inventory, less returns and allowances       7a       7a         b       Less: cost of goods sold       7b       7c         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8		u u			ind op and sui			
b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8		70	1			· · ·	a	
c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8							2-1	
8 Other revenue (describe in Schedule O)		-						
		0.00						
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	Total reve	nue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		· . –		64 252
9         Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8         .         .         9         64, 25           10         Grants and similar amounts paid (list in Schedule O)         .         .         .         10			Grants and	similar amounts paid (list in Schedule O)	· · · · ·			64,253.
11   Benefits paid to or for members   1   11								
	ŝ							
	Ise							800.
14       Occupancy, rent, utilities, and maintenance       1       14       14	Der	1						800.
<b>1 </b>	Ě							100.
								46,172.
								47,072.
19 Evenes or (deficit) for the year (authment line 17 from line 0)			Excess or	(deficit) for the year (subtract line 17 from line 0)	<u>· · · · ·</u>			17,181.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	ets						<u> </u>	1,101.
end-of-year figure reported on prior year's return)	SS						9	1,464.
10       Excess of (deficit) for the year (subtract line 17 from line 9)       1       1       17,18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       1,46         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20	et A	20						1,101.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ž	1.1.1.1.1.1						18,645.
For Paperwork Reduction Act Notice, see the separate instructions.	For	1						and the second se

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	ago-EZ (2021) It II Balance Sheets (see the	instructions for	or Part II)				rage L
I a	Check if the organization u	used Schedule	O to respond to ar	ny question in this	Part II		🗙
	<u> </u>				(A) Beginning of year		B) End of year
22	Cash, savings, and investments				1,464.	22	8,782.
23	Land and sensitive get					23	
24	Other assets (describe in Schedu				1 464	24	9,863.
25	Total assets		an an can be be be		1,464.	25 26	18,645.
26 27	Total liabilities (describe in Sche Net assets or fund balances (lin		(B) must agree with	line 21)	1,464.	27	18,645.
Par					and the second se		
	Check if the organization	used Schedule	O to respond to an	ny question in this	Part III 🗌		Expenses
Wha	t is the organization's primary exem	pt purpose?	See Part III	Stmt			uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program se	rvice accomplis	shments for each o	f its three largest	orogram services,	organ	nizations; optional for
as m	neasured by expenses. In a clear	and concise m	anner, describe the	e services provide	d, the number of	other	'S.)
	ons benefited, and other relevant in			aque of atrait	and abandonod		
28	Operated and maintained a animals that are waiting	for a home	e never found	a home, find	ing suitable		
	families for adoption and provi	ding care and	shelter for the g	reater New York M	etropolitan area		
	(Grants \$ 0.)		includes foreign gra			28a	47,072.
29	**************************************						
	(Grants \$ )	If this amount	includes foreign gra	ants, check here .	🕨 🛄	29a	
30							
	(Grants \$	If this amount	includes foreign gra	ints, check here	▶□	30a	
31	Other program services (describe i						
			includes foreign gra			31a	
The Real Property lies:	Total program service expenses		the second se	and the second se		32	47,072.
Par	List of Officers, Directors, Tr Check if the organization					nstruc	tions for Part IV)
	(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS( 1099-NEC) (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	Estimated amount of ther compensation
Ste	phanie Foley						
	icer		1.00	0	. 0		0.
Nan	cy Morris						
	icer		1.00	0	. 0		0.
	th Morris						
OII	icer		1.00	0	. 0	·	0.
		-					
					1	+	-
						1	

Form 99	90-EZ (2021)			Page 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th s Part	V .	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	24		
35a	change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		×
33d	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a		28,8	1.00
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		×
004	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	e and	×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	lood		1239
39	Section 501(c)(7) organizations. Enter:		Shie a	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			1216
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:         section 4911 ►       ; section 4912 ►       ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958		12	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization	1	1	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
44	transaction? If "Yes," complete Form 8886-T	40e		×
41 42a	List the states with which a copy of this return is filed ► The organization's books are in care of ► Guy E Leopold, E.A Telephone no. ► (63)	1) = 4	0 25	OF
420	The organization's books are in care of ► Guy E Leopold, E.A Located at ► 668 Park Ave, Huntington NY ZIP + 4 ► 1174		9-25	95
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country ►			100
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
124	Financial Accounts (FBAR).	1020		
с	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		. 1	
254778	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
2	completed instead of Form 990-EZ	44a	10.500	×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	446	in the	~
с	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		××
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d		De sita
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	100		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		×

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Form 9	90-EZ (2021)		P	age 4
			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		×
Part	VI Section 501(c)(3) Organizations Only			
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tab	les f	or line	es

	50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		×
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		×
1 <b>9</b> a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X

Tou	Did the organization make any transfer to an exempt non onantable related organization.	• • •	104	-
b	If "Yes," was the related organization a section 527 organization?		49b	
50	Complete this table for the organization's five highest compensated employees (other than officers	directors	tructoos ar	ndk

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
d Total number of other independent contractors each receiving ov	/er \$100,000 ►	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

Sign Here	Signature of officer Vitina Warner, Preside	ent		06/: Date	30/2022		
	Type or print name and title						
Paid Preparer	Print/Type preparer's name Guy E. Leopold	Preparer's signature	Date 06/30/2	2022	Check if self-employed	PTIN P00039679	
Jse Only	Firm's name ► Guy E. Leopold				Firm's EIN ▶71-1052891		
Joe only	Firm's address ▶ 668 Park Avenu	e, Huntington, NY 11743		Phone	eno. (631	)549-2595	

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# Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

# Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

Description	Amount
Advertising	1,284.
Animal supplies and vet fes	36,872.
Bank Charges	613.
Contract Labor	255.
Depreciation	340.
Donations	250.
Licenses	100.
Meals	407.
Misc	2,096.
Office Supplies	2,155.
Transportation	1,800.
Total	46,172.

### Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Part III: Purpose

Contin	uation	Statement
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**Continuation Statement** 

Organization's Primary Exempt Purpose			
Animal Rescue providing care and shelter			
for animals while finding suitable families			
for adoption.			

### 1

			1. 1.1.1.1.1 No.0.4.0 12.100	100000 III - 10		-	. 1	OMB No. 1545-0047
	IEDULE A	Pu	blic Charit	y Status and I	Public	Supp	ort	<u></u>
(Forn	n 990)	Complete if the org	anization is a section	501(c)(3) organization or a se	ection 4947(a	a)(1) nonexe	mpt charitable trust.	2021
Depart	ment of the Treasury			ch to Form 990 or Form				Open to Public
	I Revenue Service	► Go	to www.irs.gov/Fe	orm990 for instructions a	ind the lat	est inform		Inspection
Name	of the organization						Employer identification	n number
-		ibilities Re					84-5112719	
Pa				l organizations mus				ions.
				s: (For lines 1 through				
1				on of churches descri			U(D)(1)(A)(I).	
2				(Attach Schedule E (F ganization described i			)(A)(iii)	
4	A medical re		on operated in c	onjunction with a hosp				)(iii). Enter the
5	🗌 An organiza		the benefit of a	college or university	owned o	r operate	ed by a governmer	tal unit described in
6 7	🗌 An organiza	이상 전에서 제품을 가장하는 것이 있는 데이지 이야지 않는 것이 있다. 이 가지 않는 것이 있는 것이 가 있는 것이 없이 있다. 것이 있는 것이 있는 것이 없는 것이 있는 것이 없이 있는 것이 있는 것이 있는 것이 있는 것이 없이 있는 것이 없이 있는 것이 없이 있다. 것이 있는 것이 없이 없이 없이 없이 있는 것이 있는 것이 없이 없이 있는 것이 없이 있는 것이 없이 있는 것이 있 것이 있는 것이 없이 있는 것이 없이 없이 없이 없이 없이 없이 없이 없이 없이 있다. 것이 있는 것이 없이 없이 없이 없이 없이 있 않이 없이 있는 것이 없이	receives a subs	mental unit described tantial part of its sup te Part II.)				m the general public
8	🗌 A communit	y trust described i	n section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9				d in <b>section 170(b)(1)</b> riculture (see instruction				
10	An organiza receipts from support from	n activities related n gross investmen	to its exempt fu t income and un	e than 33 <sup>1</sup> /3% of its su inctions, subject to ce related business taxa 75. See <b>section 509(</b> a	rtain exce ble incom	eptions; a ne (less se	and (2) no more tha action 511 tax) from	n 33 <sup>1</sup> /3% of its
11				sively to test for public				
12	An organizat	ion organized and publicly supported	operated exclus	ively for the benefit of, lescribed in <b>section 5</b> the type of supporting	to perfor 09(a)(1) o	m the fun or <b>section</b>	ctions of, or to carr 509(a)(2). See sec	tion 509(a)(3). Check
а	the supp	A supporting organ ported organization	nization operated n(s) the power to	d, supervised, or contr regularly appoint or e	olled by i lect a ma	its suppo ajority of t	rted organization(s)	, typically by giving
b	Type II.	A supporting orga	nization supervis	ete Part IV, Sections sed or controlled in co	nnection	with its s		
	organiza	tion(s). You must	complete Part	organization vested in IV, Sections A and C.				0
C				ting organization oper ons). <b>You must comp</b>				ally integrated with,
d	that is no	ot functionally inte	grated. The orga	pporting organization nization generally mu complete Part IV, Sec	st satisfy	a distribu	ition requirement a	•
e	Check the function	his box if the organ ally integrated, or	nization received Type III non-func	a written determination	on from the porting of the second sec	he IRS the	at it is a Type I, Typ ion.	e II, ⊺ype III
f		ber of supported of llowing information		oorted organization(s).	• • •			
	(i) Name of support	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	1					Carlor Carlos		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. BAA

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Schedule A (Form 990) 2021

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Schedul	6 A (I 0111 330) 2021						
Part	II Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	) alify under
Secti	on A. Public Support	quanty and		···· / _			
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		C. San C. And		P. C. S. P. C.		
	on B. Total Support			1	F	,	
	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	Tarres Ches					
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the	-					
Santi	organization, check this box and stop her						· · •
14	on C. Computation of Public Suppor Public support percentage for 2021 (line 6			11 column (f)		14	%
15	Public support percentage from 2020 Sch					15	%
16a	33 <sup>1</sup> / <sub>3</sub> % support test-2021. If the organi						
	box and stop here. The organization qual						
b	331/3% support test-2020. If the organization this box and stop here. The organization						
17a	<b>10%-facts-and-circumstances test—20</b> 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts facts-and-circ	-and-circumst	ances test, cho st. The organiz	eck this box a ation qualifies	and stop here. s as a publicly	Explain in supported
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa	acts-and-circu rcumstances to	mstances test, est. The organi	check this bo zation qualifie	ox and <b>stop he</b> s as a publicly	re. Explain supported
18	Private foundation. If the organization of instructions	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this bo	ox and see

REV 05/24/22 PRO

Schedule A (Form 990) 2021

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Part	Support Schedule for Organiza	tions Desci	ribed in Secti	ion 509(a)(2)	i di catina faile d	4	day Davit II
	(Complete only if you checked th	e box on lin	e 10 of Part I	or if the orga	nization failed	to quality un	der Part II.
<del>.</del>	If the organization fails to qualify	under the te	ests listed dela	ow, please co	omplete Part I	1.)	
	on A. Public Support	(.) 0017	1.1.0010	(-) 0010	(-1) 0000	(-) 0001	(f) Total
	dar year (or fiscal year beginning in) <b>&gt;</b>	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				F 100	64.050	60.206
2	Gross receipts from admissions, merchandise				5,133.	64,253.	69,386.
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						•
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					1	
6	Total. Add lines 1 through 5				5,133.	64,253.	69,386.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						69,386.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6				5,133.	64,253.	69,386.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			l	5,133.	64,253.	69,386.
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop her						· · ►
	on C. Computation of Public Suppor	the second se	and the second sec			1	
15	Public support percentage for 2021 (line 8					15	100 %
16	Public support percentage from 2020 Sch					16	100 %
	on D. Computation of Investment Inc	and the second se	and the second se	ulling 10 salu	(6)	47	- 0/
17	Investment income percentage for 2021 (I Investment income percentage from 2020					17	0 %
18 19a	33 <sup>1</sup> / <sub>3</sub> % support tests – 2021. If the organi					18	0 %
194	17 is not more than $33^{1}$ /3%, check this box a						
b	33 <sup>1</sup> / <sub>3</sub> % support tests – 2020. If the organiz					-	
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did		-				

**Supporting Organizations** Part IV (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) C purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? C 5c 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b C Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b

Schedu	le A (Form 990) 2021		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	1 -		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			

or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

### Section D. All Type III Supporting Organizations

			Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- Activities Test. Answer lines 2a and 2b below. 2

supported organizations played in this regard.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of a the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- а Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

REV 05/24/22 PRO

1

3

2a

2b

3a

3b

Yes No

2

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Part 1	<ul> <li>Type III Non-Functionally Integrated 509(a)(3) Supporting Org</li> <li>Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ</li> </ul>	trust	on Nov. 20, 1970 (expl	ain in <b>Part VI</b> ). See ions A through E.
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		51
2	Enter 0.85 of line 1.	2	STUDENCE PROD	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	and the second second	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allyin	tegrated Type III suppo	rting organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organiz (see instructions).

REV 05/24/22 PRO

Schedule A (Form 990) 2021

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Part	V Type III Non-Functionally Integrated 509(a)(3 on D—Distributions				Current Year
Secu					
1	Amounts paid to supported organizations to accomplish e	exempt purposes	rtad	1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	neu		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	4	
4	Amounts paid to acquire exempt-use assets		1/6		
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	<b>VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	h the evenesization is rea	nonaiua	7	
8	Distributions to attentive supported organizations to which	n the organization is res	ponsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount		(**)	10	(****)
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2021			0	
а	From 2016				
b	From 2017				
с	From 2018				State States and
d	From 2019		Section Section		
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount	A CARLES PROVIDE			
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		New York Com		and the second
4	Distributions for 2021 from		A CONTRACTOR		
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				al termination
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if	Constant and a second			
-	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020			-	
e	Excess from 2021				

REV 05/24/22 PRO

Schedule A (Form 990) 2021

Schedule A (F	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Pawsitive Possibilities Rescue Inc

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# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2021 Open to Public Inspection

OMB No. 1545-0047

Employer identification number
84-5112719

Pt I, Line 16:
Description: Advertising \$1,284
Description: Animal supplies and vet fes \$36,872
Description: Bank Charges \$613
Description: Contract Labor \$255
Description: Depreciation \$340
Description: Donations \$250
Description: Licenses \$100
Description: Meals \$407
Description: Misc \$2,096
Description: Office Supplies \$2,155
Description: Transportation \$1,800
Pt II, Line 24:
Description: HVAC System Beginning of Year: 0 End of Year: \$9,863
Description: HVAC System Beginning of Year: 0 End of Year: \$9,863
Description: HVAC System Beginning of Year: 0 End of Year: \$9,863
Description: HVAC System Beginning of Year: 0 End of Year: \$9,863
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